

427
ACU 434

Somerset County Council.

THE COUNTY EDUCATION COMMITTEE

Annual Report

OF THE

SCHOOL MEDICAL OFFICER,

For the Year 1929.

WILLIAM G. SAVAGE, B.Sc., M.D., (Lond.), D.P.H.

County Medical Officer of Health,
County School Medical Officer.



CONTENTS.

	PAGE
Abnormal Children	28
Adenoids	4, 7
After Care work	6
After treatment	6
Artificial Light Treatment	9
Crippling defects	15, 31
Ear disease	4
Exclusion of Children	35
Goitre	8
Health Visitors	25
Heart diseases	4, 10
Hygiene Instruction	33
Infectious diseases	35
Inspection, general arrangements	3
Inspection, visits paid to schools	3
Laboratory	35
Malnutrition	4
Mentally defective	29
Minor Ailments—treatment of	7
Number of Children examined	3
Nursing Associations	7
Nurses, District	7
Parents—attendance of	3
Physically defective	31
Physical Training	34
Re-inspections	3
Rickets	21
Ringworm	26
Sanitary condition of Schools	32
Secondary Schools	27
School Clinics	23
School closure	35
Spectacles, provision of	12
Squint	5, 6, 12
Staff	3
Teacher Candidates, Bursars, etc., examination of	3
Teeth	4, 12
Tonsils	4, 7
Treatment of special defects	7
Tuberculosis	4, 8, 31
Verminous condition	25
Vision defects	4, 12

To the Chairman and Members of the Education Committee
of the Somerset County Council.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit my Twenty-first Annual Report as School Medical Officer.

Most of it is a record of the regular progress of the work, medical inspection, dental treatment, dealing with special defectives, and the like. This work results in an enormous improvement of the health of the children and goes steadily on year after year.

No new schemes were initiated during the year but those in existence were amplified in a number of directions. This particularly applies to the Posture work and the report contains a full account of what has been done. Extensions also took place as regards the medical examinations of Secondary school children and in connection with the Orthopædic scheme. In the present report suggestions are included in regard to squint and the dental scheme.

The arrangement of the tables is the same as last year, and they are in the form asked for by the Board of Education.

I have to thank the Medical Officers for their valuable co-operation and particularly Dr. Weaver, who has paid special attention to the physically and mentally defective children in the County.

I am,

Your obedient Servant,

WILLIAM G. SAVAGE.

Health Department,
Somerset County Council,
February, 1930.

ORGANISATION.

Dr. Weaver left the service of the County Council at the end of October, but continued to give part-time service for the rest of the year. Temporary medical assistance was obtained pending the appointment of his successor. The other medical and dental officers were as in the previous year.

MEDICAL INSPECTIONS CARRIED OUT.

The number of Elementary Schools is 461 with 520 departments. The average attendance during the year ending 31st March, 1929, was 38,168.

			Urban.	Rural.	Total.
Council Schools	...	...	27	116	143
Voluntary Schools	...	...	36	282	318
			<hr/>	<hr/>	<hr/>
Total	...		63	398	461

The number of visits paid to Elementary Schools for the purpose of conducting routine inspections during the year was 1,232. The number of children inspected was 24,488, a decrease of 672 from the previous year. The figures for the different groups are set out in Table I. (at end of Report).

The number of children inspected, exclusive of re-inspections, was 16,162. The number of children re-inspected during the year was 8,326, compared with 7,944 in the previous year. This is exclusive of the cases referred to the School Oculist. The number of inspections in each district under the different groups examined is shown in Table VII. (at end of Report).

All the schools except three were visited during the year, visits to these being impracticable for special reasons. The percentage of parents present at routine inspections was 52.8, which is above the average. Pressure of other work only allowed a second visit to the schools to be made in a minority of cases.

EXAMINATION OF BURSARS, SUPPLEMENTARY TEACHERS, ETC.

Bursars.—The results of these examinations during the year are set out below:—

				Boys.	Girls.	Total.
Number accepted without qualification	...			4	7	11
Number provisionally accepted subject to treatment being obtained for:—						
Defective vision	...	...	...	—	1	1
Dental defects	...	...	...	5	10	15
Dental defects and flat foot	...	...	...	—	1	1
Dental defects and goitre	...	...	...	—	1	1
Flat foot	...	...	...	2	—	2
Enlarged tonsils	...	...	...	—	4	4
				<hr/>	<hr/>	<hr/>
Number examined	...	...	...	11	24	35

All the candidates needing treatment obtained it and were subsequently accepted.

Supplementary Teachers.—In accordance with the requirements of the Board of Education, 23 women teachers were examined at various times during the year and graded as follows:—

A.1.—In good health, and free from defects	...	...	...	9
A.2.—In good health, but with slight physical defects	...	...	...	8
B.1.—In good health, but with defects likely to shorten period of service	...	...	...	1
B.2.—In good health, but with defects interfering with their efficiency	...	...	...	1
B.3.—In temporary sub-normal health	...	...	...	2
C. —Unfit	...	...	...	2
				<hr/> 23 <hr/>

The defects most frequently found were, as usual, dental caries and errors of refraction. Three teachers were examined by the County Oculist. One was declined for deafness and one for high myopia.

FINDINGS OF MEDICAL INSPECTIONS.

The figures for 1929 are set out in Tables II., III. and VI., which are on the same lines as last year and in the form recommended by the Board of Education.

Some of the chief percentage figures given in Table VI. are nutrition, bad or below normal, 8.2; defective hearing, 1.3; ear disease, 1.9; skin disease, 0.7; adenoids, slight, 4.8, severe, 0.5; considerably enlarged tonsils, 4.4; defective speech, 1.6; dental disease, 66.8; organic heart disease, 0.8; anæmia, 2.8; pulmonary tuberculosis, definite, 0.2, suspected, 0.5. These percentages are very similar to those recorded in previous reports.

Defective Vision.—Defects are recorded for 32.1 per cent. of the children as shown in Table VI. This includes all degrees of defect, and is not very helpful without explanation. The percentage prevalence of defects amongst two group classes is set out below. "Slight defect" includes visual acuity of 6/9 and 6/12 and "marked defect" any greater degree of vision defect.

	8 years old.			Leavers.			Total Routine. (8 years and over).		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.
Slight defect ...	23.6	25.6	24.6	15.1	19.2	17.1	19.9	22.8	21.4
Marked defect...	7.0	7.7	7.3	5.7	9.0	7.3	6.4	8.2	7.3

The percentages for the 8 year old children and the "Leavers" group represent the proportion of slight and marked eye defects amongst the children. The figures for the entrants are not given as they merely represent the proportion found with defective sight amongst those presented by the teachers as with possibly defective eyesight, since entrants are not examined for eye defects as a routine measure. The number of children so presented fluctuates greatly.

During the year, 1,973 elementary school cases were examined by the Oculist, 870 being re-examinations. In 1,098 of the 1,103 new cases errors of refraction were present. The nature of the defects found are given in the following tables:—

Errors of Refraction.	BOYS.				GIRLS.				Totals.
	Under 8.	8-9	12 & over	Other Ages.	Under 8.	8-9	12 & over	Other Ages.	
Hypermetropia	88	60	50	103	96	67	53	98	615
Hypermetropic astigmatism	19	45	16	49	23	43	20	40	255
Myopia	6	10	12	14	5	13	18	18	96
Myopic astigmatism	3	11	3	6	4	6	5	5	43
Mixed astigmatism	5	10	5	8	7	16	4	11	66
Heterometropia	4	5	0	4	2	3	4	1	23
Total	125	141	86	184	137	148	104	173	1098
Re-examination cases	54	41	149	179	46	54	168	179	870
Cases without error of refraction	1	0	1	1	0	1	1	0	5

					Boys.	Girls.	Totals.	
Disorders of Mobility.	{	Convergent strabismus			78	111	189	
		Alternating strabismus (mainly convergent)			1	1	2	
		Divergent strabismus			5	2	7	
		Nystagmus			1	3	4	
Pathological changes of Eye due to accident or disease.	{	Of Conjunctiva			9	4	13	
		„ Cornea			8	12	20	
		„ Sclerotic			0	0	0	
		„ Iris and ciliary body			3	0	3	
		„ Lens			1	1	2	
		„ Vitreous			0	0	0	
		„ Choroid and retina			3	1	4	
		„ Optic Nerve			0	0	0	
Diseases of Adnexa of the Eye.	{	Of Eyelids			48	70	118	
		„ Lachrymal apparatus			2	0	2	
Congenital Disorders of the Eye.	{	Globe as a whole			0	0	0	
		Cornea (conical chiefly)			0	0	0	
		Sclerotic (blue)			0	0	0	
		Iris and ciliary body			0	1	1	
		Lens {	Dislocation			0	0	0
			Cataract			4	0	4
		Choroid and retina			0	0	0	
		Optic Nerve			0	0	0	
		Lack of pigment			0	0	0	
		Eyelids			4	1	5	
Headaches, and other reflex nerve symptoms associated with visual defects					134	145	279	
Cases considered unsuitable for instruction in Elementary Schools and certified as "Blind"					1	0	1	

In addition the County Oculist examined 76 Secondary School scholars, 3 Supplementary Teachers or Bursars, 12 mental deficient persons (8 at Sandhill Park), 3 persons for suitability for training as blind, 15 pre-school children for squint and 2 other persons referred to him. Four days' work, with 48 cases, was done for the Bridgwater Urban Education Authority.

Squint.—For many years past we have paid considerable attention to the problem of squint and eyeshades with other curative methods are employed. This work has, however, only been carried out with children actually attending school. While this is valuable it is the application of treatment rather late in a condition where success depends very much upon early treatment.

Dr. Walker, the County Oculist, makes this clear in the following remarks:—

“Squint usually appears between the ages of 2 and 3 years, but sometimes earlier, sometimes later. The squinting eye is not used during the period of squinting, vision being carried on by the other eye alone. This lack of use of the squinting eye causes a gradual weakening of the power of vision. So much is this the case that in many of the cases brought to the County Oculist of children of school age with a squint of three or four years' duration the affected eye has become practically useless. Not only does long duration of squint lessen visual power but it also lessens the degree of possible recovery under treatment. A few cases of squint are not serious, being due to a late development of the mental control of the co-ordinating movements of the eyes. The majority are associated with a considerable amount of refractive error in both eyes, even if they can see well, and these cases require treatment. If it be taken in hand early the child has a much better chance of not only having the squint cured but also of obtaining good vision in each eye. This is often impossible if the squint has existed for a few years.

It is not enough to detect cases of squint when the children first go to school, it is important that the child should be examined at as early an age as is practicable so that treatment can be taken in hand as soon as possible.”

During 1929, as part of our Child Welfare work and the special supervision which is now being given to abnormal children under 5 years of age, I arranged for a small number of these pre-school children to be examined by Dr. Walker as an experimental procedure. Good results are being obtained and the County Oculist considers that a satisfactory scheme can be evolved provided arrangements can be made for a health visitor or district nurse to attend and to be made responsible for the carrying out of the treatment. Spectacles (where required) could be provided under the school scheme but it may be necessary to make different financial arrangements. The cost of this work would fall upon the Public Health Committee but the services of the County Oculist should be made available. Doing this work in the pre-school period will relieve the work of the Education Committee at the school period and with greater prospect of success.

MEDICAL TREATMENT AND FOLLOWING UP.

In previous reports an extended account was given of the means employed in the County for providing treatment for defects found at Medical Inspection. These need not be recapitulated as no material changes have been made.

During the year 1,342 new cases were referred to the Care Visitors. Arrangements have now been made with 152 Nursing Associations, an increase of 1 during the year. Inspections in 429 schools were attended by District Nurses. 1,084 inspections were attended by these nurses, and 2,661 cases were referred to them for home visits. Their reports state that 6,888 home visits were paid to these cases.

Their reports upon the 2,661 cases referred to them for home visits show that in 1,040 cases (39 per cent.) medical treatment had been obtained, and 262 cases (10 per cent.) were under treatment by the nurse; in 630 cases (24 per cent.) no treatment was obtained; 619 cases (23 per cent.) were under supervision; and in the remaining 110 cases (4 per cent.) visits had yet to be made at the time the reports were received.

During the year 690 cases of slight degrees of nasal obstruction, probably due to adenoids, but not marked cases, were reported for breathing exercises in the schools under the direction of the teachers. Directions to parents and teachers as to treatment were given in 2,480 cases (17 per cent.) and for observation in 1,446 cases (10 per cent.)

The Scheme for providing extra nourishment for debilitated and under-nourished children was fully described in my 1926 Report. During the past year grants of milk, malt and oil or Parrish's Food were made to 264 children at a total cost of approximately £59. This is a most valuable work which is extending and which should be steadily increased. Every child is selected on medical grounds.

The methods of treatment for special defects described in previous reports were maintained. The following defects may be specially mentioned:—

MINOR AILMENTS, INCLUDING SKIN DISEASES.

A number of cases of minor ailments are referred to the District Nurses for treatment, and during the year 203 cases were so referred. Many cases were treated at the School Clinics (see pages 23 and 24).

TONSILS AND ADENOIDS.

A scheme for securing operative treatment for Tonsils and Adenoids at certain approved hospitals was started in 1920. Last year 247 recommendations were issued, and 231 operations performed. The cost of these operations was £415 4s. Od., of which sum £36 3s. 6d. was refunded by the parents, leaving a balance of £379 0s. 6d. to be paid by the County Education Committee. Sixteen recommendations are outstanding involving a further sum of about £29.

The demands for assistance continue to grow, partly owing to careful "following up" of children suffering from enlarged tonsils and adenoids, but more particularly owing to the difficulty of securing operative treatment at the smaller Voluntary Hospitals, either by subscribers' tickets or through the various Hospital Contributory Schemes.

GOITRE.

During 1925 to 1927 an experimental study was made of the goitre prevention effects of administering small doses of iodine salts to all children of suitable ages in 106 selected schools. The results showed that the iodine (one-fifth grain of sodium iodide in a chocolate base per week) was of considerable value not only in preventing the development of goitre but also in reducing many existing goitres. At the completion of the investigation it was decided to continue the administration of the iodised chocolates only in those schools which showed a high goitre incidence. In the latter half of 1928 the chocolates were given in 39 schools to approximately 800 children, and during 1929 in 40 schools to approximately 850 children. The cost of the chocolates last year was £23 17s. 0d.

TUBERCULOSIS.

During the year 109 cases of tuberculosis, or suspected tuberculosis, of the lungs were recorded amongst the routine inspections, while there were 56 suspected cases amongst those specially presented. Fifty-six cases of tuberculosis of other parts of the body were recorded, chiefly of glands, bones and joints. Of the 186 cases referred to the Tuberculosis Officers and examined, 15 per cent. were found to be definite cases, and a further 16 per cent. suspicious cases of tuberculosis.

Quantock Summer Camp. The Summer Camp in the grounds of the Quantock Sanatorium was again held during the year and on very similar lines to the Camps in 1924-28. Great care was taken in selecting the children and they were picked out by the Medical Inspectors and the Tuberculosis Officers right throughout the year, the list being revised and the children finally selected a few weeks before the Camp opened.

Forty girls were at the Camp from July 22nd to August 10th, and forty boys from August 15th to September 12th, a period of three weeks for the girls and four weeks for the boys. The children were regularly weighed and medically inspected while at the Camp. The benefit to the children was striking. The average gain in weight for the girls was 5 $\frac{3}{4}$ lbs. and for the boys 4 $\frac{1}{4}$ lbs. As before, the Camp was run mainly by voluntary help. The total expenditure, including £30 for redecoration, was £246, of which £142 was for food. The children were well fed and the cost for food for children and staff worked out at 16.43 pence per head per day. Each child on the basis of a four weeks' holiday cost £3 7s. 8d., including everything. The Education Authorities of Taunton, Yeovil and Bridgwater repaid £80.

TREATMENT WITH ARTIFICIAL LIGHT.

Treatment with artificial light, in the form of a Mercury Vapour Lamp, is available at four centres, *i.e.*, Bridgwater, Weston-super-Mare, Yeovil and Minehead. The following tables give particulars of the cases treated, attendances and results. The education cases vary in character but many are malnourished, debilitated children and most of these derive great benefit.

Centre.	Number of Clinics held.	New cases seen.	Total Attendances.					All.
			Infant.	Educa- tion.	Tuber- culosis.	Venereal Diseases	From outside areas.	
Bridgwater	94	28	452	120	182	53	0	807
Minehead	85	23	141	364	96	0	0	601
Weston-super-Mare	86	30	94	647	202	0	0	943
Yeovil	96	45	120	896	114	0	146	1276
Total	361	126	807	2027	594	53	146	3627

	Tuberculosis.	Rickets.	Debility and Malnutrition.	Glands (Not Tuberculous).	Others.	Total (all cases).
Cured or Improved	20	20	38	7	52	137
Unaltered	0	0	1	0	0	1
Worse	0	0	0	0	0	0
Still under treatment	18	10	18	10	28	84
Total	38	30	57	17	80	222

The largest group of children treated is that classed as "Debilitated and Malnourished." The clinical side of the light treatment is under Dr. Short and he reports that most of these children were also listless and backward in school and at home. He adds that a remarkable feature has been the testimony of both parents and teachers as to the definite increase in vitality, cheerfulness and capacity for work in these cases. The improvement unfortunately often gradually declines when the artificial sunlight course ends, but a second course, given after a four to six months' interval, seems to have a more permanent effect than a first course alone, and is worth trying in cases of long standing ill-health.



The rickets cases all improved under treatment. Thirty cases of tuberculosis were treated during the year, most of them being glandular. All those whose courses were completed showed some improvement, but not to such an extent as other observers have obtained with the Carbon-Arc lamp or from continuous direct sunshine.

At Bridgwater and Yeovil the interesting experiment has been tried of combining artificial ultra-violet light with real sunshine on all days when the latter was available, and Dr. Short states "the progress made has, I think, been greater and more permanent than at centres where this was not possible."

RHEUMATIC HEART DISEASE.

The scheme which was outlined in my two previous reports has been in operation during the whole of 1929.

Under the scheme we get accurate diagnosis as to which children are true rheumatic heart cases, we try and get earlier recognition of this condition, many cases being overlooked in the early stages, and in particular investigation is undertaken into the environmental conditions with a view to discovering the factors which lead to acute rheumatism. A further aim is to obtain treatment for these cases in institutions where that is considered necessary. At present nothing has been done in this direction.

During 1929 seven Heart Clinics were held as follows:—

Centre.	Number of Clinics held.	Cases examined.			
		County.	Taunton.	Bridgwater.	Total.
Radstock	1	13	0	0	13
Taunton	4	44	11	1	56
Weston-super-Mare	1	13	0	0	13
Yeovil	1	10	0	0	10
Totals	7	80	11	1	92

These children have been grouped as follows:—

Suffering from rheumatic heart disease	...	...	...	36
Suffering from congenital heart disease	...	...	...	11
Not suffering from heart disease, doubtful cases, or cases under observation	...	...	...	45
				<hr/> 92 <hr/>

The diagnosis of a good many cases has been cleared up and in a number of instances children who have been stopped all games, etc., have been allowed to resume normal school life.

The most important part of the research is the detailed investigation of the home and other conditions to try and throw some light on the causation of the disease. Cases up to the end of 1929 have been very carefully investigated while the cases not due to rheumatic heart disease have been as fully investigated, to use as controls for comparison. To prevent any unconscious bias the inquirers investigating the home conditions do not know whether the inquiry refers to an actual case or to a control, nor is this differentiation known until after the full summaries have been recorded on special summary sheets.

Excluding doubtful cases still under observation (to be included in later years) 50 rheumatic heart cases and 54 control cases have been so studied during the year. No deductions of value can be drawn with so few numbers but the following table illustrates some of the detailed inquiries being made and the percentages of defects in the two groups:—

Conditions investigated.	Percentage Rheumatic Heart Group.	Percentage Control Group.
House: Markedly damp	8.0	10.9
Slightly damp	26.0	40.0
Defective ventilation	16.0	27.3
Defective light or sunlight	12.0	5.4
Overcrowded	18.0	21.8
Site: Low-lying	22.0	14.5
In close proximity to water-courses	26.0	30.9
Family circumstances: Comfortable	28.0	18.2
Adequate	42.0	58.2
Straitened	28.0	21.8
Adequate mid-day meal	60.0	67.3
Defective nutrition	14.0	27.3
Enlargement of tonsils	38.0	23.6
Adenoids	16.0	16.4

VISION AND EYE DEFECTS.

The cases of defective vision include those with slight defects which require no special treatment, and cases of decided impairment of vision or with definite symptoms of eye strain which are referred to the School Oculist. During 1929 the School Oculist examined 1,103 new cases and prescribed glasses in 1,035.

At the end of the year the number of eye centres in the County was 35, all unaltered from the previous year. Eighty-seven per cent. of the children summoned to the different eye centres attended. Of the remaining 13 per cent., the majority attended on being again sent a notice. While this is a satisfactory percentage attending and well above the average it still could be improved. Occasionally it is due to a forgetful teacher and we hope to improve this by suitable reminders.

During 1929 the five shillings charged for spectacles was received from 1,221 parents, while in 180 cases (as compared with 122 in 1928) the cost or part of it was provided out of County funds. The expenditure involved was £32 8s. 6d., as compared with £25 13s. 7d. in 1928. Necessary cases requiring free repairs to frames or new lenses, etc., cost the Committee £3 5s. 8d. No payments were made in carrying out the resolution of the Education Committee to pay charges for repairs above 2s. 6d. The present charge for spectacles is now rather more than their actual cost, and during the year this gave a profit of £50. £33 12s. 4d. was lost on repairs and for free glasses, and £10 19s. 0d. on eyeshades. The cost of eye material, therefore, was about £5 above the receipts.

During the year 1,401 new pairs of spectacles were supplied, while 845 pairs previously ordered were repaired, or new lenses were fitted to old frames. Children provided with spectacles are re-examined by the Medical Inspectors at their next visit to see that the spectacles fit and have not been bent out of shape. If necessary the children are referred back to the School Oculist.

Of the 1,103 new cases examined, 198 were suffering from squint. Glasses were prescribed in 191 cases and obtained in 167. In 7 instances spectacles were not required, treatment by shading, etc., being advised. Eye shades were provided in 62 cases.

DENTAL DEFECTS.

The Dental Scheme only deals with children of selected special ages. Children found at Medical Inspections to have defective teeth are not treated by the School Dentists unless they come under the Scheme. They are referred for treatment as for other defects, *i.e.*, the parents are informed, the School Care Visitors have case sheets, etc.

Treatment of defective teeth under the Scheme. Three dentists were at work throughout the year. The figures set out show that 47 per cent. of the children passed through the hands of the School Dentists.

The children examined and the distribution of the schools dealt with are shown in the following table:—

District.	Number of Schools.	Number of Schools included.	Number of days worked.	Children examined.		Children treated.	
				Ages included in Scheme.	Other Ages.	Ages included in Scheme.	Other Ages.
Axbridge Union	45	26	43	1,157	—	810	—
Weston-super-Mare	6	6	30	831	—	560	—
Bath Rural ...	17	*17	24	654	3	504	3
Bridgwater Rural ...	38	36	42	1,126	—	941	—
Chard Union ...	28	16	14	400	—	334	—
Clutton Union ...	32	32	76	2,267	—	1,516	—
Dulverton Union ...	13	12	9	275	—	209	—
Frome Union ...	27	27	40	1,173	4	881	3
Keynsham Union ...	10	10	15	429	—	570	—
Langport Union ...	24	24	28	755	—	954	—
Long Ashton Union	33	32	49	1,381	1	285	1
Shepton Mallet Union	25	*38	55	1,508	—	1,042	—
Taunton Rural ...	29	29	39	964	—	814	—
Wellington Union ...	18	18	32	904	—	759	—
Wells Union ...	26	*27	37	974	2	731	2
Williton Union ...	31	30	36	1,072	—	897	—
Wincanton Union ...	27	27	35	936	—	676	—
Yeovil Rural ...	32	32	37	980	1	816	1
	461	439	641	17,786	11	13,299	10

*Nineteen schools in the County were inspected twice in the year.

The number of children treated during the year under consideration was 13,309. The treatment given was as follows:—

Extractions (temporary)	...	...	...	14,449
" (permanent)	...	...	...	545
Fillings	...	...	...	10,107
Other treatment (scaling)	...	...	...	31

	No treatment required.			Cases requiring treatment.						
	Number of Cases.	No previous treatment.	Previously treated.	Number of Cases.	Extraction temp. only.	Extraction perm. only.	Fillings only.	Extraction and fillings.	Extraction, fillings, and other work.	Other work only.
Mr. Goddard	1948	862	1086	4157	1739	57	1415	945	0	1
Mr. Nicolson	934	355	579	4912	3027	86	1032	767	0	0
Mr. Crossley	1606	472	1134	4240	1984	48	1088	1044	20	56
	4488	1689	2799	13309	6750	191	3535	2756	20	57

The number of children with teeth which have been treated and then kept sound by yearly examination is very considerable as can be seen from the table.

The most satisfactory features of the scheme are the large number of children which yearly require no treatment and the large number of fillings and the small number of permanent teeth extracted as set out in the table. The table shows that 4,488 required no treatment, of which 2,799 had been previously treated. To this should be added, from the point of view of conservative dentistry, the 6,750 children who required temporary extractions only. This makes 11,238 children whose teeth were examined and found to be sound except for temporary extractions. The number of children now maintaining sound permanent teeth on account of this annual treatment is very large, and is conclusive evidence of the value of the dental work.

Mr. Goddard, Mr. Nicolson and Mr. Crossley worked 641 days (214, 214 and 213 respectively) during the year and examined 17,797 children, an average of 28 a day, while 21 a day were treated, the average for the previous year being also 28 and 21 respectively. These figures must be considered as satisfactory in view of the difficulties of transport, administration, etc.

The cost of the dental work for the year was £2,557, the largest items being £1,545 salaries of dentists, £504 travelling and maintenance allowances, and £220 clerical assistance. The cost of dental materials and renewals was £88, while the amount paid for the hire of rooms was £153. The sums received as fees from parents during the year amounted to £346. The cost for each child treated works out at 3/10, or deducting parents' contributions 3/4.

The numbers of toothbrushes sold during the last ten years are: 8,009, 3,233, 3,637, 3,928, 2,355, 2,988, 3,695, 3,192, 3,138, 2,511 (1929). The price charged is 4d.

The figures are now very much the same each year and indicate a great volume of work done and a very satisfactory scheme. At the same time it must be admitted that a considerable number of children remain outside the scheme and are never seen by the school dentists. Until recently this did not so much matter as the three dentists could not do more and there was not enough to justify the appointment of a fourth dentist. Now that so many children remain free from dental defects year by year the same staff could examine more children. It is important therefore to consider the causes why children are not included in the scheme by their parents. The factors are fairly well known. One cause is a failure on the part of the parents to realize the importance of preventive dental work. A second is inability or unwillingness to pay the 6d. per child. A third is inadequate co-operation on the part of Head Teachers in particular schools. We find in certain schools a bad response year by year with, as a contrast, excellent response in adjacent schools.

During 1930 I propose to try and diminish some of these hindrances. As regards poor response schools, a list of such schools will be kept and by special letters, etc., endeavours will be made to improve matters. Part of the failure is due to inadequate attention on the part of a few teachers to bring the dental scheme to the notice of the parents and get a definite reply as to the children joining. The forms have now been altered so as to get a more complete return from parents. Forms sent to parents do not always reach them. In the large majority of schools the great success of the scheme is largely due to the very enthusiastic help and support given by the teachers and many are remarkably successful in persuading parents to join. Their help is invaluable.

I hope it will be possible for Miss Lamb and others to give more time to dental propaganda work and my aim will be to pick poor response areas and try and improve the dental attendances.

While the fee question is undoubtedly deterrent where parents are indifferent, it does not weigh much where they are keen. Help might be given freely with several children in one family. It might be good policy to allow the first examination free of charge so as to bring the child into the scheme at the outset. These children would then be easier to follow up in subsequent years. Calculation gives about 4,230 as the number of six year old children, while our returns show that about 2,900 of this age group come into the scheme. Of these in about 800 cases the 6d. is returned as no treatment is required. Remitting the fee for the 2,100 children would mean a loss of fees of £52 10s. 0d. The experiment might be tried in a selected area.

CRIPPLED CHILDREN.

The orthopædic scheme was started in 1925 and has been a great success in that many bad cases of crippling have been cured, many made so much better that they are capable of earning their living, while a very large number of children suffering from minor defects which were a cause of ill-health and future inefficiency have been remedied. The work has shown the very large number of cases which belong to this last group and while the old-standing cases have largely been dealt with the existence and detection of these less severe defects makes the clinics even busier each year. In the autumn of 1929 we had 1,450 cases on our books under treatment or observation. The numbers grew so large that it became impossible for one orthopædic sister to look after them with the clerical assistance available in the office and in November a special clerk was appointed to follow up the cases more efficiently and to regulate the work.

Voluntary helpers are available at all the Surgeon's clinics and at most of the Minor clinics. At four Surgeon's clinics V.A.D. nurses have mainly staffed the clinics and have provided splendid Honorary Superintendents. Much transport help is also given by voluntary workers and now that it is possible to co-ordinate the work better I hope to make still further use of these offers. Undoubtedly a material part of the success of the scheme is due to this splendid voluntary help.

Close co-operation is maintained with the other County services. Not only are treated children followed up by the Orthopædic Sister, but they are re-examined and kept under observation by the School Medical Inspectors and Tuberculosis Officers.

Dr. Forrester-Brown has been the Visiting Surgeon for all the clinics as well as in general charge of the cases admitted to the Bath Orthopædic Hospital, and we are again indebted for much of the success of the scheme to her skill and enthusiasm for the work. She has been particularly helpful in connection with our posture developments. The operations at the Hospital are carried out and shared between two Visiting Surgeons and Dr. Forrester-Brown.

The attendances at the Surgeon's and Sister's Clinics are shown in the following tables:—

Attendances at Surgeon's Clinics, 1929.

Dispensary.	Number of Clinics held.	New Cases seen.	Total Attendances.				
			I	E	T	O	All
Glastonbury	7	43	31	127	15	12	185
Radstock	4	36	17	101	7	5	130
Taunton	12	117	96	260	16	6	378
Weston-super-Mare	11	103	56	192	5	7	260
Yeovil	11	66	82	204	18	19	323
Frome	4	39	10	96	—	—	106
Bath	4	41	27	74	—	1	102
Minehead	2	24	3	38	1	—	42
Bridgwater	1	10	12	23	1	2	38
Chard	1	4	1	23	1	—	25
	57	483	335	1138	64	52	1589

NOTE.—I=County Pre-school cases, E=County Education cases, T=Tuberculosis cases, O=Other cases, *i.e.*, children over age.

Attendances at Sister's Clinics, 1929.

Dispensary.	Number of Clinics held.	Total Attendances.				
		I	E	T	O	All
Glastonbury	40	48	125	8	7	188
Radstock	36	71	176	10	9	266
Taunton	28	88	325	2	—	415
Weston-super-Mare ..	39	52	357	—	3	412
Yeovil	32	113	117	6	2	238
Frome	18	9	109	—	—	118
Bath	9	18	52	—	—	70
Minehead	9	10	46	—	—	56
Bridgwater	24	53	87	14	—	154
Chard	11	12	42	1	—	55
Cheddar	9	4	16	—	—	20
Clevedon	9	4	32	—	—	36
Langport	11	5	44	11	—	60
Shepton Mallet	11	1	28	—	4	33
Wellington	10	9	31	—	1	41
Wincanton	11	4	38	—	2	44
	307	501	1625	52	28	2206

Bath, Somerset & Wilts Central Children's Orthopædic Hospital.

Somerset Cases in Hospital during 1929.

Type of Case	In Hospital 31-12-28	Admitted	Discharged	In Hospital 31-12-29	Average duration of each case (discharged cases only).
Nor. resp. tuberculosis (Bones and Joints)	7	7	7	7	445 days
Congenital deformities	2	33	30	5	62 days
Infantile Paralysis (Poliomyelitis)	7	16	16	7	140 days
Rickets	7	6	10	3	115 days
Spastic paralysis	0	4	2	2	103 days
Scoliosis	0	2	1	1	83 days
Osteo-myelitis (other than tubercular)	1	3	3	1	188 days
Other cases	5	10	11	4	119 days
TOTAL ..	29	81	80	30	

In spite of the fact that 30 beds were retained all the year instead of the 24 under the original scheme, there was a considerable waiting list. Several very long-standing cases occupied beds but at the end of the year there was only one case (one of poliomyelitis) admitted before January 1st, 1929.

In addition to these cases a number of tuberculosis patients suffering from bone and joint diseases have been treated at Alton. During the year 4 have been sent, and on January 1st, 1930, there were 8 cases there still under treatment.

A very large number of crippled children have been seen at the different clinics, as shown in the tables. Some of them suffer from several defects and in a few a definite diagnosis has not been recorded on our records. The statement given below, while not a complete classification, gives a good idea of the types of cases which have been dealt with at the Clinics.

Cases seen at the Clinics during 1929 for the first time.

Tuberculosis of bones and joints	11
Spastic paraplegia	5
Infantile paralysis (poliomyelitis)	17
Osteo-myelitis	5
Congenital dislocation of the hip	3
Club foot	21
Other congenital deformities	17
Rickets	78
Knock knees (mostly old rickets)	92
Scoliosis	12
Torticollis	15
Diseases and injuries of the toes	9
Postural deformities:—	
General defects of posture	92
Flat foot (often with other postural deformities)	68
Kyphosis	2
	<hr/>
	162
Results of injuries	10
Other defects and deformities	18
	<hr/>
	475
	<hr/>

The number of new cases seen is 35 more than in the previous year.

The satisfactory alteration of type of case seen has continued and by far the largest groups of cases comprise postural and other minor defects, a large portion of which are the result of rickets. The more serious crippling conditions, such as tuberculosis of bones and joints, marked scoliosis, spastic paraplegia, congenital dislocation of the hip and neglected poliomyelitis cases, were much fewer than in the earlier years. A number of cases of acute poliomyelitis have been treated in connection with the clinics and sent into hospital. It is still too early to see much effect of the County rickets treatment scheme on the attendance at the clinics, but the majority of the cases included as rickets or knock-knees were old cases which developed the disease a good many years ago.

Now that the scheme has been running for some years the problem of after-care naturally assumes importance and considerable attention is being paid to this matter. The following gives particulars of all the cases which have been admitted to the Orthopædic Hospital:—

						<i>No. of Cases.</i>
Sent to a Training School	...	...	...	...	...	3
Training under consideration	...	...	...	...	...	1
Transferred to Alton	...	...	...	...	...	2
Being taught a trade at home	...	...	...	...	...	2
At work	...	...	...	...	...	17
In Bath Orthopædic Hospital	...	...	...	...	...	23
Still under treatment (not in Hospital)	...	...	...	...	...	20
Improved	...	...	...	...	...	118
Cured	...	...	...	...	...	56
Left County	...	...	...	...	...	4
Dead	...	...	...	...	...	2
No information	...	...	...	...	...	2
						<hr/> 250 <hr/>

The large group included under "improved" represent cases for which the crippling condition has been greatly improved but the cases are coming up from time to time for supervision. Some of them are at work but most are too young and are at school, while for some I have not at present detailed information. The "cured" cases are marked off our returns, and we do not keep track of what becomes of them.

The above particulars only refer to cases which had to be admitted as in-patients. Many hundreds of cases have been treated through the clinics without needing hospital treatment.

A large number of cases have been provided with suitable splints and appliances. During 1929, 84 splints, etc., were supplied, 54 being calipers or other irons, while 74 alterations to ordinary boots were ordered and supervised, and 17 pairs of surgical boots provided. In addition a large number of plaster of Paris splints were fitted. These appliances are obtained from the Oswestry and Wingfield Orthopædic Hospitals, as well as from the Bath Orthopædic Hospital.

X-ray photographs of cases are required in a number of instances, either to aid in making the diagnosis or as a guide to the treatment required. Arrangements have been made with 11 hospitals or individuals for X-ray photographs. The usual agreed scale is 10s. 6d. per plate, but many cases require two plates. It is important to arrange with as many centres as possible as the transport of these cases is always a difficulty.

The cost of the Orthopædic Scheme is apportioned between the County Education Committee, the Tuberculosis Sub-Committee and the Maternity and Child Welfare Sub-Committee. The proportion of tuberculosis cases seen and admitted to hospital has been fewer than anticipated and the Education Committee cases correspondingly more numerous, so that the major cost at present is falling upon the Education Committee. More cases are now coming under the Maternity and Child Welfare Scheme.

The total expenditure upon the Orthopædic Scheme, shared between the three Committees, for 1929 is as follows:—

EXPENDITURE.

I. In-patients.						£	s.	d.
Bath Orthopædic Hospital	...	...	...	...	...	4,062	15	0
Boarded-out cases	...	...	...	...	...	12	7	0
Travelling expenses to Hospital	...	...	...	...	...	6	10	3

II. Out-patients.

(a) Splints and appliances	...	...	...	...	...	113	17	7
(b) Orthopædic Surgeon (services and travelling expenses)	...	...	...	...	...	250	13	6
(c) Nursing assistance: Miss Mayor (salary and travelling expenses)	...	...	...	...	...	513	4	6
Holiday substitute	...	...	...	...	...	24	6	1
(d) Travelling expenses of cases	...	...	...	...	...	28	1	0
(e) Maintenance of County Clinics	...	...	...	...	...	109	8	4
(f) Payments to outside Clinics	...	...	...	...	...	17	16	0
(g) X-ray photographs	...	...	...	...	...	48	8	0
(h) Payments for massage	...	...	...	...	...	44	13	6
(i) Bath City Statutory Hospital	...	...	...	...	...	53	4	11
(j) Equivalent of one Health Visitor	...	...	...	...	...	289	4	9

III. Central Office expenses.

Clerical assistance, printing, postage, stationery, etc....	145	8	0
	<u>£5,719</u>	<u>18</u>	<u>5</u>

RECEIPTS.

	£	s.	d.
In-patient payments	343	17	8
From Dorset and Local Authorities in the County—			
(a) Attendances at Clinics	95	10	7
(b) In-patients	98	5	0
	<u>193</u>	<u>15</u>	<u>7</u>
Payments towards splints and appliances	29	13	5
	<u>567</u>	<u>6</u>	<u>8</u>

Nett expenditure	£5,152	11	9
------------------	-----	-----	-----	-----	-----	--------	----	---

Excluding the £289 charged for the Health Visitor, which has not hitherto been included, this is £336 more than for the previous year. The extra six beds were occupied for all the year compared with only eight months in 1928, and the extra cost for beds was £511. This more than accounts for the difference but there was a considerable increase in receipts. The increased charge for the beds during 1929 accounted for £39 additional cost.

The prevention of crippling conditions. Great attention has been paid to this side of the work. During the year 211 fresh cases of early rickets or suspected rickets were reported and all these were given medical or other treatment. Of these 28 had to be transferred to the Orthopaedic Clinics for advice and treatment.

Special attention is being paid to poliomyelitis and all notifications are followed up at once, with an offer to supply nursing or hospital accommodation. Several cases of this disease have, under this arrangement, been taken to the Bath Orthopaedic Hospital in the early stages and we hope that extensive deformity will be prevented. Unfortunately some cases are not recognized early and do not get medical treatment until the definite effects of paralysis are apparent.

The County Education Department are substituting the new desks and chairs as rapidly as possible and their provision should do a great deal to improve the posture of the average school child.

It is, however, in regard to physical training and special posture classes that greatest activity and progress is being shown. Miss Marjory Smith has been at work all the year and much of the progress shown is due to her ability and zeal. Dr. Forrester-Brown has been at great trouble to arrange for photographs to be taken of different children to show correct standing and sitting positions and the same when incorrect. Large posture charts, for boys and girls separately, have been prepared from these photographs with suitable letterpress, and these charts are supplied to all schools as soon as they come under the scheme and receive special posture teaching. The teachers then appreciate the points they were prepared to illustrate.

Courses of instruction to teachers in physical training have been held in Chard, Crewkerne, South Petherton, Yeovil, Wells, Street, Wiveliscombe, Nether Stowey, and Timberscombe. During each course two lectures and one demonstration on posture have been given. 380 teachers attended these courses. Up to the end of 1929 representatives from more than 200 schools have attended such courses and are now in possession of the special posture charts.

Demonstrations and talks on posture have also been given to the Head Teachers of Dr. Morgan's School, Bridgwater, Street Strobe School, Wells Blue School and at the Williton Health Exhibition. Miss Smith has also given a special talk on posture to the senior children in a number of schools.

This County Posture work for children showing definite postural defects has been continued all the year but it has not been possible to carry it out as fully as wished along the lines authorised by the County Education Committee owing to difficulties as regards "following up" classes. This has prevented the full benefits hoped being obtained from the scheme, but in spite of this I consider the results have been most valuable.

The procedure for the formation of these classes is as outlined in my last year's report, the children with postural defects being selected by the School Medical Inspectors from a rapid survey of all the children in the school. In general children under 8 years are not selected.

The classes held by Miss Smith during the year have been:—

- In Chard—2 classes for boys, 2 classes for girls.
- „ Crewkerne—2 classes for boys, 2 classes for girls.
- „ Chard Rural area—4 separate classes for each sex.
- „ Street—1 class for boys and 1 for girls.
- „ Glastonbury—1 class for boys and 1 for girls.
- „ Wells—2 classes for boys and 2 for girls.

The numbers in the classes varied from 4 or 5 to 24 but were usually 8 to 13.

The children are classified into A, B, C and D, showing the natural and the best posture positions before and at the end of the course; A being the best and D the worst posture positions. The following are Miss Smith's findings for these two areas:—

Number of children classified under the four positions.

Area.	Before the Course.				After the Course.			
	A.	B.	C.	D.	A.	B.	C.	D.
Chard-Crewkerne ...	3	29	71	83	58	38	55	29
Wells-Street-Glastonbury	5	20	43	86	51	28	51	29

Of the 58 children still marked "D" position all but one could do better than this but this was still their natural position.

Follow-up classes by selected teachers were carried out in Frome and in the Radstock - Midsomer Norton areas, but were not found possible to arrange in the Chard - Crewkerne district. In these two areas 14 classes were held and approximately 160 children attended. Each course consisted of 14 lessons taken by a teacher. The classes were competently given and were beneficial.

While these posture classes are of undoubted benefit to the individual children taking them I attach even more importance to their educational effect and the general influence upon teachers, parents and children of the special attention being directed to posture and the results of postural defects. Postural defects are to a certain extent being manufactured owing to defects in school instruction as regards sitting, standing or writing positions. The aim should be for all teachers to have a sound knowledge of the essentials of how bad sitting and standing can intensify postural defects. Progress is being made in this direction but so far only as affecting a percentage of the schools.

SCHOOL CLINICS.

The School Clinics at Weston-super-Mare and Frome were opened in 1920 and fulfil most useful functions in providing facilities for the more detailed examination of children referred from medical inspection and other special cases, and for the treatment of eye, ear and skin diseases and minor ailments. Children are accepted for treatment on the recommendation of head teachers, school care visitors and attendance officers, but only if not obtaining treatment from their own doctors. The tables show the work accomplished last year.

In addition to these two regular clinics the temporary ringworm clinics at Welton and Radstock were continued. Thirty-three children suffering from ringworm of the scalp attended and were treated. Of these 23 were cured and 10 were under treatment at the end of the year. The children made 96 attendances at the clinics. The Radstock clinic has now been refitted to deal with other minor ailments as at Frome and Weston-super-Mare.

Reason for examination or treatment.	Examined only.	Treated.				Total examined or treated	Attendances at Clinic.
		Cured.	Improved.	Unrelieved	Under treatment, etc.	Total treated.	
Fitness for School or Special Schools	46	—	—	—	—	—	57
Re-examined from 1928	8	—	—	—	—	—	14
External eye diseases	1	18	3	—	1	22	86
Ear diseases: Otorrhœa, etc.	1	10	2	—	4	16	224
Deafness	2	2	1	—	—	3	21
Ringworm: Body	—	3	—	—	—	3	8
Scalp	—	1	—	—	2	3	82
Infected skin diseases (Impetigo, Scabies, etc.)	2	108	—	1	12	121	390
Eczema and other skin diseases	3	19	2	—	3	24	70
Other conditions	43	11	5	—	2	18	106
Totals	106	172	13	1	24	210	1,058

24

Total individual children examined or treated = 295.

FROME SCHOOL CLINIC.

SUMMARY OF WORK, 1929.

Reason for examination or treatment.	Examined only.	Treated.				Total examined or treated	Attendances at Clinic.
		Cured.	Improved.	Unrelieved	Under treatment, etc.	Total treated.	
Fitness for School or Special Schools	—	—	—	—	—	—	—
Re-examined from 1928	18	—	—	—	—	—	48
External eye diseases	—	16	—	—	7	23	87
Ear diseases: Otorrhœa, etc.	—	3	5	—	5	13	53
Deafness	—	—	—	—	—	—	—
Ringworm: Body	—	4	—	—	—	4	49
Scalp	3	6	—	—	2	11	92
Infected skin diseases (Impetigo, Scabies, etc.)	—	38	—	—	4	42	127
Eczema and other skin diseases	3	17	—	—	4	24	92
Other conditions	28	16	21	—	59	124	309
Totals	52	100	26	—	81	207	857

Total individual children examined or treated = 201.

VERMINOUS CONDITION OF SCHOOL CHILDREN.

The equivalent of the time of two whole time School Nurses was available for this and allied school work. All the Health Visitors did some of this work. The children examined were 24,475 boys and 26,776 girls, and of these, 438 boys (1.8 per cent.) and 1,582 girls (5.9 per cent.) were found verminous. During the year 139 children were excluded as belonging to the persistently verminous group. Most of these cleaned up, at least temporarily, under pressure.

The following table shows the inspections made and the results. The percentages shown do not accurately indicate the relative verminous conditions in the different areas since so much depends upon the children and schools selected. No regular examination of all the children in all the schools has been undertaken for many years as the staff available does not permit this to be done. Attention is now concentrated upon the specially dirty children and the few schools which contain a high proportion of such children. The schools are vastly cleaner as compared with years ago.

Sanitary Area.	Number of children inspected.		Excluded.	Prosecuted.	Percentage Verminous.	
	Boys.	Girls.			Boys.	Girls.
Axbridge	748	779	3	—	4.0	9.2
Burnham-on-Sea ...	382	354	0	—	0.5	7.3
Highbridge	307	326	0	—	2.6	12.0
Weston-super-Mare	705	950	1	—	4.7	9.4
Bath Rural	1,236	1,061	16	2	3.8	6.5
Bridgwater Rural ...	1,845	1,884	7	—	2.7	13.0
Chard Urban	387	425	1	—	1.0	3.5
„ Rural	771	778	1	—	0.4	4.6
Crewkerne	191	195	0	—	1.0	2.0
Ilminster	67	312	0	—	0.0	2.0
Clutton	2,068	2,007	10	—	1.4	6.4
Midsomer Norton ...	703	1,256	1	—	0.9	5.3
Radstock	167	469	0	—	0.0	2.8
Dulverton	382	350	1	—	1.6	4.3
Frome Urban	394	1,145	24	—	3.6	6.6
„ Rural	1,229	1,190	4	—	1.2	4.8
Keynsham	582	609	0	—	2.6	4.6
Langport	1,836	1,881	12	—	1.6	4.0
Long Ashton	537	560	2	—	2.0	5.0
Clevedon	156	128	1	—	3.2	2.3
Portishead	169	142	0	—	0.6	5.0
Shepton Mallet U....	461	602	3	—	1.9	6.0
„ R....	1,070	1,010	4	—	1.2	3.3
Taunton Rural	1,371	1,256	4	—	1.5	5.7
Wellington Urban ...	295	582	11	—	3.0	5.5
„ Rural	423	402	0	—	2.1	13.7
Wiveliscombe	185	152	0	—	3.8	7.2
Wells Urban	203	73	0	—	1.0	8.2
„ Rural	359	372	9	—	2.5	5.4
Glastonbury	47	87	0	—	2.0	4.6
Street	—	—	—	—	0.0	0.0
Williton	1,308	1,246	0	—	1.4	6.0
Minchhead	507	466	0	—	1.4	3.6
Watchet	264	231	0	—	0.8	7.0
Wincanton	1,530	1,763	12	—	0.8	2.5
Yeovil Rural	1,590	1,733	12	—	0.7	3.7
	24,475	26,776	139	2	1.8	5.9

RINGWORM.

In the early days of medical inspection the number of cases of ringworm of the scalp was usually well over 200 and in 1911 was as high as 323. In recent years the numbers declined steadily to between 100 and 150, while a sharp decline took place in 1928 there being only 85 cases. The decline during 1929 has been still more striking and at the end of the year there were only 44 cases known to the Health Department—by far the lowest number recorded. The greatest number of cases were in Midsomer Norton Urban, 6; Clutton Rural, 5; Clevedon Urban, 5; Bath Rural, 4; and Frome Urban, 4. There were no known cases in 417 schools, one case in 15 schools, two cases in 10 schools and three in 3 schools. These three schools are Paulton C.E., Combe Down and Clevedon St. John's.

District Nurses, under the arrangements made by the County Education Committee, assisted in the treatment of 30 fresh cases. Of the 44 known cases, in 23 District Nurses are assisting in the treatment, as compared with 33 in the previous year. Drug treatment is given at the Weston-super-Mare and Frome School Clinics and at temporary clinics at Radstock and Midsomer Norton.

Attendance of Cases at School under the Special Conditions. The following table classifies the known head ringworm cases at the end of the year according to whether attending school under the scheme or not.

Attending under the scheme as far as is known ...	37
Excluded: Refused scheme	1
„ Failure to comply with cap conditions	0
„ Suffering from extensive ringworm or on parts not covered by cap ...	4
„ Age under 5	2
Total excluded	7
	<hr/>
	44
	<hr/>

The above figures show that as regards ringworm of the head, 84 per cent. of the children suffering are attending school under the special conditions.

Sixty-six cases of ringworm of the body were reported and excluded until cured. The majority were back at school within a few weeks.

SECONDARY AND CONTINUATION SCHOOLS.

In 1912 the County Education Committee established a voluntary system of medical inspection of the pupils attending Secondary Schools, but this was abandoned in 1915 owing to the War. In accordance with an order of the Board of Education, medical inspection of all Provided Secondary Schools was commenced in the latter part of 1920, and has proceeded regularly since that time. Owing to insufficient medical staff, it was not then possible to offer the same advantages to the Aided Schools. The appointment of Dr. Hilda Halliday in 1928 enabled the Committee to revise their scheme, and in September, 1928, it was decided to offer free medical inspection to all the Aided Secondary Schools in the County. Of the eleven Aided Schools, eight accepted the offer of the Education Committee and the inspections were commenced in April, 1929. At the request of the Managers of the Strode Continuation School, Street, both departments of this school have also been included in the scheme, and the first medical inspections have taken place.

The number of scholars examined last year and the results obtained are shown below:—

ROUTINE MEDICAL INSPECTIONS.

				Boys.	Girls.	All.
Entrants	...	...	...	142	113	255
Intermediates	...	...	...	493	235	728
Leavers	...	...	...	113	37	150
				<hr/>	<hr/>	<hr/>
Totals	...	..		748	385	1,133
Other routine inspections		...		168	142	310
				<hr/>	<hr/>	<hr/>
Totals	...	...		916	527	1,443

OTHER INSPECTIONS.

				Boys.	Girls.	All.
Specials	...	...	...	3	27	30
Re-inspections	...	...	...	68	117	185
				<hr/>	<hr/>	<hr/>
Totals	...	...		71	144	215

The defects found among the Secondary School scholars are enumerated in the accompanying table. The figures include specially presented as well as routine children, which prevents them from being compared closely with those from the Elementary Schools as regards the prevalence of defects.

Medical treatment for Secondary School scholars has not been provided, but any suspected to be suffering from tuberculosis are referred to the nearest Tuberculosis Dispensary for further examination and, if necessary, treatment; and pupils with defective eyesight, who are not receiving treatment elsewhere, are offered special examination by the County Oculist. Last year such further examination was offered 141 pupils, and accepted by the parents of 98. Of the 1,473 scholars examined as routine or special cases 81 were found to be already wearing spectacles. Where these spectacles appeared to be unsuitable, further examination was offered.

Defects found in Secondary School Children.

Condition.						Number of defects.	Number referred for treatment.	Number referred for observation.
Malnutrition	...	...	...	...	...	90	9	4
Uncleanliness	...	...	...	...	...	4	2	0
Skin Disease	...	...	...	...	...	4	4	0
Ringworm: Head	...	...	...	...	...	0	0	0
Body	...	...	...	...	...	0	0	0
Defective vision	...	...	...	...	...	314	112	33
Squint	...	...	...	...	...	24	4	2
Eye disease	...	...	...	...	...	40	19	4
Defective hearing	...	...	...	...	...	11	3	0
Ear disease	...	...	...	...	...	18	5	1
Nose and Throat disease:								
Tonsils slightly enlarged	...	...	...	...	...	182	14	23
„ considerably enlarged	...	...	...	...	...	69	34	9
Adenoids: Slight	...	...	...	...	...	33	10	4
„ Marked	...	...	...	...	...	14	8	2
Other conditions	...	...	...	...	...	69	3	3
Teeth: Dental disease	...	...	...	...	...	649	25	2
Enlarged cervical glands	...	...	...	...	...	137	2	2
Defective speech	...	...	...	...	...	13	0	0
Heart Disease:								
Organic	...	...	...	...	...	11	2	1
Functional	...	...	...	...	...	19	2	2
Anæmia	...	...	...	...	...	66	9	0
Lung disease (non-tubercular):								
Bronchitis	...	...	...	...	...	1	0	1
Other diseases	...	...	...	...	...	8	1	1
Tuberculosis:								
Pulmonary—Definite	...	...	...	...	...	0	0	0
„ Suspected	...	...	...	...	...	4	0	2
Non-Pulmonary	...	...	...	...	...	2	0	1
Disease of the nervous system:								
Chorea	...	...	...	...	...	1	0	0
Other	...	...	...	...	...	20	0	1
Deformities	...	...	...	...	...	274	41	46
Enlarged Thyroid or Goitre	...	...	...	...	...	44	16	0
Other defects and diseases	...	...	...	...	...	33	14	2

EXCEPTIONAL OR DEFECTIVE CHILDREN.

Table III. at the end of this report summarises and classifies all the children who were on the Special Registers of the School Medical Department at the end of 1929. Any child suffering from more than one defect is recorded only in that class of defect which determines the special education or treatment required.

For the purpose of calculating the incidence of defectives per 1,000 of the school children, the number of scholars on the elementary school registers last year is estimated at 42,920. The incidence calculated in this way is not strictly accurate, as normal children leave school at 14 years, while most of the defective children are retained on the Special Registers until 16 years of age.

Blind Children.

All children found or reported to be suffering from defective eyesight are referred to the County Oculist for examination, and any found to be "blind" or "partially blind" are certified accordingly.

The 13 "blind" children recorded in Table III. represent an incidence of 0.3 per 1,000; and the 65 "partially blind" children, an incidence of 1.5 per 1,000 of the school population.

Admission to Blind Schools or Institutions is offered to all "blind" children, if they are of suitable age and mentally and physically fit for special education. Institutional cases on attaining the age of 16 years are transferred, if suitable, to the Higher Education Committee for further training.

Special Day Classes for "partially blind" children (and the same applies to "partially deaf" children) are desirable, but their provision in a large county with scattered schools is impossible in practice. Bad-sighted or myopic children must remain in the elementary schools, but the Head Teachers are directed how to give them oral and such other instruction as is possible without detriment to their eyesight.

Deaf Children.

Children reported to be deaf are specially examined, and, if necessary, certified as "deaf" or "partially deaf." All "deaf" children are sent to certified Deaf Schools or Institutions, if they are of suitable age and mentally and physically fit for special education. In two instances parents have refused, for reasons which could not be legally contested, to allow their children to leave home. The new Vaccination Regulations may enable action to be taken.

The 34 "deaf" and 12 "partially deaf" children recorded in Table III. represent an incidence of 0.8 and 0.3 per 1,000 respectively of the school population.

Mentally Defective Children.

At the end of 1928 the Special Register contained the names of 329 feeble-minded children—199 boys and 130 girls. During the past year 28 boys and 15 girls, a total of 43 children, were certified as feeble-minded and their names added to the Register, while the names of 44 boys and 24 girls, a total of 68, were removed owing to the children having attained the age of 16 years, left the County, died, or been re-graded; leaving a net total of 304 feeble-minded children (183 boys and 121 girls) on the Special Register at the end of 1929.

These 304 feeble-minded children are equivalent to 7.1 per 1,000 of the total number of children on the registers of the Elementary Schools.

Mental Examinations.—During the past year 152 children were examined and certified for the first time, and 39 were re-examined for re-grading or certification for Special Schools or Institutions.

The results of these examinations are shown below:—

			Schedule A.		Schedule B.	Schedule C.	Totals.
			Fit for education in an Elementary School.	Fit for Special Class for dull and backward children.	Fit for Special School.	Unfit for Special School.	
First examination—							
Boys	...	...	2	58	28	10	98
Girls	...	...	3	31	15	5	54
			— 5	— 89	— 43	— 15	— 152
Re-examined—							
Boys	...	...	1	6	16	0	23
Girls	...	...	0	4	12	0	16
			— 1	— 10	— 28	— 0	— 39
			6	99	71	15	191

The periodical mental examinations made at the Sandhill and Street Special Schools are not included in this table.

The District School Medical Inspectors are responsible for the examination of all suspected mentally defective children of school age in their areas. Dr. Remmett Weaver, the Assistant County School Medical Officer, has been responsible for the Weston-super-Mare area and the Street Special School, and has also acted as one of the Medical Officers of the Mental Deficiency Acts Committee. In addition to examinations included in the above table, he last year made 35 examinations for the Mental Deficiency Acts Committee. Dr. W. G. Parker is Visiting Officer for the Sandhill Park Special School for Girls and Farm Colony.

Epileptic Children.

The classification of epileptic children is difficult as the severity and frequency of the attacks vary from a mild fit once or twice a year to numerous severe fits daily.

Excluding children with mental defect, the majority of the juvenile epileptics in the County are of the milder grade. As will be seen from Table III., 23 are classified "severe" and 38 "not severe," equivalent to an incidence of 0.5 and 0.9 per 1,000 of the school population respectively.

When epileptic children are examined by the School Medical Inspectors, the appropriate form of treatment is considered and, where institutional care seems necessary, this is advised. The number of children who can be sent to Epileptic Colonies, however, is very limited; at present only three are being so dealt with. A few of the children who would be suitable for colony treatment on account of the frequency or severity of their fits are unable to be so dealt with as Epileptic Colonies refuse to admit children with any signs of mental deficiency or deterioration. Most children suffering with epilepsy can get adequate treatment from their own doctors or at hospitals and can safely attend school, where they benefit by regular supervision and control.

Physically Defective Children.

Cases of tuberculosis are dealt with through the Tuberculosis Section of the Health Department. It has not been found possible to classify the tuberculous children into the groups suggested by the Board of Education Circular No. 1321, Table III. All tuberculous children are periodically examined and certified as to their fitness for school and no child in an infectious condition is permitted to attend school.

Crippled children are recorded in Table III. and the details of the County Orthopædic Scheme are discussed on pages 15-22.

EDUCATION AND CARE OF DEFECTIVES.

Sandhill Park Institution and Special School. This was opened in 1925, as a Certified Institution under the Board of Control to provide accommodation for 72 female defectives, and as a Residential Special School under the Board of Education for 47 feeble-minded girls. The Sandhill Park Scheme is being developed and a school building and separate hostels for feeble-minded boys and girls and for adult male defectives are being provided, the mansion being reserved for women. The school and the children's hostels will be completed this summer.

Last term there were 47 girls at the school but, owing to seven having attained the leaving age before Christmas, there were only 40 girls in residence at the end of the year. Five of these girls belong to the Borough of Taunton and one each to the Boroughs of Bridgwater and Yeovil.

Street Special School. Since September, 1925, "The Grange," Street, has been used as a Special School for Boys. The accommodation is for 40, and at the end of 1929 there were 36 boys at the school. One child belongs to Taunton and one to Bridgwater.

In addition to the 37 boys at Street, there were 10 feeble-minded boys at the Western Counties Institution, Starcross, and one each at Litchfield and Besford Court, on December 31st.

Yatton Hall. This Institution was established in 1917 by the Somerset Association for the Care of the Mentally Defective. It was taken over by the Mental Deficiency Acts Committee in 1919, and extensions were subsequently made to provide accommodation for 76 patients. It is primarily intended for low-grade defectives. At the end of 1929 there were in residence 27 boys and 19 girls of school age in addition to older defectives.

Occupation Centres. Since 1920 the Somerset Association for Mental Welfare has provided very useful Occupation Centres in various parts of the County under the supervision of Miss Penrose. Last year the Centres at Taunton, Weston-super-Mare, Bridgwater, Street and Frome were continued. With the exception of Street the classes are now held on five days per week.

All but one of the children attending the Taunton and Bridgwater Centres belong to those Boroughs, but in December last there were on the Centre registers 24 children of school age (including two imbeciles and one uncertified girl) and two older defective girls belonging to the County.

After Care of Mentally Defective Children. The Somerset Association for Mental Welfare through its officers and Voluntary Visitors is doing valuable work in following up and assisting defective children who have left school. Those leaving Special Schools are notified to the Mental Deficiency Acts Committee for supervision, guardianship or further institutional care as may be necessary.

SCHOOL HYGIENE.

Sanitary Condition of Schools. The importance of schools being in a sanitary and healthy condition is twofold. Defects such as faulty lighting, inadequate ventilation, or insufficient washing facilities may be directly prejudicial to the health of the children, while also schools are the centres for education and not the least important are the lessons imperceptibly taught to the children by a sanitary environment.

It is part of the duty of School Medical Inspectors to report upon the sanitary condition of school premises and 432 reports were received, as well as 9 upon Secondary Schools. In 270 cases no defects were found or at least adversely reported upon. In 36 the defects were of a minor character and not followed up. In the remaining 126 instances the reports were referred to the Education Office to deal with. These, with the results obtained as regards their remedy, are summarised in the following table. The number is considerably more than 126, as many schools showed more than one defect.

Action taken.

Nature of defect found.	Action taken.				Total
	Remedied	Improved.	Pending.	No action taken.	
Structural defects of offices ...	2	0	11	4	17
Defects in usage of offices ...	11	0	4	1	16
Water supply	2	0	3	0	5
Ventilation defective	10	1	12	7	30
Lighting defective	3	1	9	2	15
Want of cleanliness	3	0	2	0	5
Defective cloakrooms	3	0	3	0	6
Repairs or redecoration required	6	0	5	0	11
Desks unsuitable	34	0	33	1	68
Defective playground	2	0	4	1	7
Deficient heating	3	1	3	0	7
Other defects	1	0	2	2	5
	80	3	91	18	192

The regrouping and reorganisation of the schools is holding up the remedying of some of the defects.

Hygiene Instruction in Schools. A considerable amount of work was done during the year by Miss Lamb, the County Health Propaganda Officer.

During the year the special course on Physiology and Hygiene for teachers was given in six centres. These were at Cheddar (19, average attendance), Shepton Mallet (41), Williton (25), Dulverton (14), Wineanton (44) and Minehead (19, average attendance). Each course consisted of 9 lectures given once a week, while in addition a further lecture on Sex Hygiene was given to the women teachers and one to men teachers by a medical member of the staff. These lectures should improve materially the teaching of hygiene to the school children.

Lists of suitable books and posters have been prepared and are kept well up to date. These can be obtained by Head Teachers through the County Education Office. Many health posters have been distributed in the schools.

Most teachers welcome short talks on health matters to the children, and the opportunity of the lecturer being in the district often enables such a talk to be given. One hundred and three schools were visited in this way.

These hygiene lectures last about thirty minutes and are given with the help of pictures and diagrams. At the same time an opportunity is made to give free literature, posters, competitions, etc., to the Head Teacher and also particulars of the latest books. Miss Lamb can also talk over new ideas as to teaching hygiene in the schools.

Physical Training. I am indebted to the County Education Secretary for the following particulars of the work of the Physical Training Instructors:—

The two Organisers of Physical Training have, during the year, paid visits to 366 schools; a steady development and improvement of the work is noticeable.

Teachers' Classes have been held at Chard (2), Yeovil (3), Crewkerne, South Petherton, Wells (2), Street (2), Nether Stowey, Timbercombe and Wiveliscombe. 380 teachers in all attending. The enthusiasm displayed by the teachers and frequent requests for further classes are encouraging. At each of these classes exercises have been demonstrated by boys stripped to the waist. This has been the means of shewing to the teacher the accurate and inaccurate positions which may be taken up by the child during physical exercises. These demonstrations have displayed in a very striking manner the beneficial effects of these exercises, and have at the same time demonstrated the great importance of them being accurately carried out. There is very definite evidence of the beneficial effect on the children where these exercises have been carried out.

In these demonstrations opportunity has been taken to illustrate correct and incorrect writing positions, and to point out to teachers how quickly muscle fatigue arises.

A new departure has been the arrangement of Head Teachers' Conferences, at which lectures and demonstrations similar to those given at the Teachers' Classes were given, and opportunity was taken to impress on the Head Teachers the desirability of encouraging good Physical Training and Posture throughout the whole of the school life of the child.

The Athletics of the County has been maintained at the high level it reached last year; 1,200 competitors took part in the Annual Sports Meeting at Clevedon, organised by the Somerset County Schools Games Association, and 29 participated in the Sports held at Stamford Bridge. An inter-school Netball Association is in process of formation for girls.

The new type of desk and chair has greatly facilitated the giving of indoor physical exercises when weather conditions are unfavourable for outdoor work.

In those schools where under the scheme of reorganisation the older children have been removed, it has given greater opportunity for the development of physical training in those schools by reason of the greater space available, and it is intended to develop these facilities to the fullest extent.

INFECTIOUS AND CONTAGIOUS DISEASES IN SCHOOLS.

During the year 46 schools or departments were closed on account of infectious disease; 39 under Article 23 (b) of the Code by the School Medical Officer, and 7 under Article 22 by the Sanitary Authority on the advice of their Medical Officer of Health.

The Schools were closed for the following diseases:—

Measles	...	...	...	...	...	...	5
Whooping cough	...	...	...	...	...	...	11
Mumps	...	...	...	...	...	...	5
Scarlet fever	...	...	...	...	...	...	2
Influenza	...	...	...	...	...	...	21
Chicken pox	...	...	...	...	...	...	2
							<hr/>
							46
							<hr/>

So far as possible schools are not closed for infectious disease and reliance is placed upon the exclusion of cases and suspected cases.

Under the Regulations of the Board of Education 201 certificates for weekly attendance below 60 per cent. were issued in respect of 89 schools or separate departments.

The cases excluded by the School Medical Officer or his Assistants during the year were 370. Of these, 70 were for ringworm, 18 for verminous condition of head or body, 125 for other skin diseases, while the remainder were for a variety of conditions. In addition, 78 cases of actual or suspected phthisis and 40 of other varieties of tuberculosis were excluded by the County Tuberculosis Officers.

LABORATORY.

During the year 11,505 samples and specimens were examined in the County Laboratory. The greater number were in connection with Public Health work. 6,644 suspected diphtheria swabs were examined, the majority being from children of school age; 355 specimens of hairs and stumps from suspected ringworm cases were examined; of these, 141 showed the ringworm fungus, while the remaining 214 were negative. Of these 355 specimens, 282 were taken by the School Medical Inspectors or the Health Visitors, and 73 were examined for private practitioners and district nurses.

TABLE I.

Number of Children Inspected 1st January, 1929, to 31st December, 1929.

A.—Routine Medical Inspections.

Number of Code Group Inspections.				Boys.	Girls.	Total.
Entrants	...	...	...	2561	2413	4974
Intermediates	...	...	...	2405	2340	4745
Leavers	...	...	...	1805	1761	3566
				6771	6514	13285
Number of other Routine Inspections	...	...	...	535	471	1006
Total	...	...	...	7306	6985	14291

B.—Other Inspections.

Number of Special Inspections	...	...	...	911	960	1871
Number of Re-inspections	...	...	...	4355	3971	8326
Total	...	...	...	5266	4931	10197

TABLE II.

A.—Return of Defects found in the course of Medical Inspection, 1929.

DEFECT or DISEASE.						Routine Inspections.		Specials.	
						Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.
(1)						(2)	(3)	(4)	(5)
Malnutrition	...	...	...	...	...	158	27	71	4
Uncleanliness—									
Head	...	...	...	...	...	183	2	81	0
Body	...	...	...	...	...	12	0	4	0
Skin	...	Ringworm—							
		Head	...	...	...	8	3	5	0
		Body	...	...	...	6	0	6	0
		Scabies	...	...	...	4	0	2	0
		Impetigo	...	...	...	49	0	51	0
Eye	...	Other Diseases (Non-Tubercular)				5	0	2	2
		Blepharitis	...	...	...	78	11	57	2
		Conjunctivitis	...	...	...	8	1	9	0
		Defective Vision	...	...	...	680	261	318	21
		Squint	...	...	...	94	25	33	1
Ear	...	Other Conditions				27	7	11	2
		Defective Hearing	...	...	...	25	11	14	2
		Otitis Media	...	...	...	44	17	35	4
		Other Ear Diseases				12	2	16	0
		Tonsils—							
Nose and Throat	...	Slightly Enlarged				99	578	69	33
		Considerably Enlarged				414	110	233	10
		Adenoids—							
		Slight	...	...	...	193	141	100	25
		Marked	...	...	...	60	11	47	1
Enlarged Cervical Glands (Non-Tubercular)	...	Other Conditions				27	39	21	6
		Defective Speech—				15	94	14	13
		Stammer, etc.	...	...	...	3	7	0	0
		Educational Defects				3	7	1	1
		Teeth—Dental Diseases				223	7	51	3
Heart and Circulation	...	Heart Diseases—							
		Organic	...	...	...	36	40	26	3
		Functional	...	...	...	2	22	5	2
		Anæmia	...	...	...	98	19	41	5
		Bronchitis	...	...	...	27	42	10	8
Lungs	...	Other Non-Tubercular Diseases				4	13	8	2
		Pulmonary—							
		Definite	...	...	...	33	0	0	0
		Suspected	...	...	...	12	64	1	55
		Non-Pulmonary				9	25	3	25
Nervous System	...	Epilepsy	...	...	...	4	6	2	0
		Chorea	...	...	...	5	2	5	0
		Other Conditions				8	23	4	3
		Rickets	...	...	...	22	14	2	1
		Spinal Curvature	...	...	...	3	0	0	0
Deformities	...	Other forms				269	195	98	22
		Goitre				126	21	106	7
		Other Defects and Diseases				243	28	138	10

B. Number of Individual Children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

GROUP. (1)	Number of Children.		Percentage of Children found to require treatment (4)
	Inspected. (2)	Found to require treatment. (3)	
CODE GROUPS :			
Entrants 	4974	756	15.2
Intermediates 	4745	776	16.4
Leavers 	3566	539	15.1
Total (code groups) 	13285	2071	15.6
Other routine inspections ...	1006	186	18.5

TABLE III.

Return of all Exceptional Children in the Area.

			Boys.	Girls.	Totals.
BLIND (including partially blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools for the Blind ... Attending Public Elementary Schools ... At other Institutions ... At no School or Institution ...	3 0 0 1	5 2 0 2	8 2 0 3 13
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools for the Blind ... Attending Public Elementary Schools ... At other Institutions ... At no School or Institution ...	— 20 — 11	— 27 — 7	— 47 — 18 65
DEAF (including Deaf and Dumb and partially Deaf).	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools for the Deaf ... Attending Public Elementary Schools ... At other Institutions ... At no School or Institution ...	18 0 — 3	10 2 — 1	28 2 — 4 34
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Public Elementary Schools ... At no School or Institution ...	4 2	4 2	8 4 12
MENTALLY DEFECTIVE	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ... Attending Occupation Centres ... Attending Public Elementary Schools ... At other Institutions ... At no School or Institution ...	46 9 80 2 46	33 12 48 2 26	79 21 128 4 72 304
	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ... Attending Public Elementary Schools ... At no School or Institution ...	2 6 6	1 2 6	3 8 12 23
EPILEPTICS	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools ... At no School or Institution ...	18 5	11 4	29 9 38

TABLE III.—(continued).

PHYSICALLY DEFECTIVE			Boys.	Girls.	Totals.	
	Pulmonary Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At Certified Residential Open-Air Schools At Public Elementary Schools At no School or Institution ...	0 15 107 24	0 11 69 33	0 26 176 57	259
	Non-Pulmonary Tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board At Public Elementary Schools At no School or Institution ...	5 82 4	3 51 13	8 133 17	158
	Delicate Children.	At Certified Residential Open-Air Schools At Public Elementary Schools At no School or Institution ...	0 82 0	0 82 4	0 164 4	168
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc.	At Certified Hospital Schools ... At Residential Schools for Cripples At Public Elementary Schools ... At other Institutions At no School or Institution ...	9 2 108 1 39	7 1 65 0 24	16 3 173 1 63	256
	Children suffering from severe heart disease	At Public Elementary Schools ... At no School or Institution ...	1 4	2 6	3 10	13

TABLE IV.

Treatment of Defects of Children during 1928.

A.—Treatment of Minor Ailments.

Disease or Defect.	Referred for treatment.	Number treated.	Results of treatment.			Number not treated, or no report.	Percentage treated.
			Remedied.	Improved.	Unchanged		
kin—							
Ringworm—Head ...	45	45	29	15	1	0	100
Body ...	12	12	12	0	0	0	100
Scabies ...	7	7	7	0	0	0	100
Impetigo ...	84	77	76	0	1	7	92
Minor Injuries ...	23	16	16	0	0	7	70
Other Skin ...	42	22	16	3	3	20	52
Ear Diseases ...	120	92	53	17	22	28	77
Eye Diseases (External and other) ...	173	137	54	54	29	36	79
Miscellaneous ...	82	67	61	5	1	15	82
	588	475	324	94	57	113	81

B.—Treatment of Visual Defect.

Number referred for refraction, etc., 1928	Number examined by County Oculist.				Number for whom no treatment necessary.	Number absent.	Number obtaining treatment elsewhere.
	For whom spectacles prescribed.	For whom spectacles obtained.	Other forms of treatment advised.				
			Obtained.	Not obtained.			
1,128	894	871	7	0	63	159	5

C.—Treatment of Defects of Nose and Throat.

Referred for treatment.	Number treated.	Received operative treatment.	Received other forms of treatment.			Number not treated, or no report.	Percentage treated.
			Remedied.	Improved.	Unchanged		
1,432	956	581	87	157	131	476	67

TABLE V.
Summary of Treatment of Defects during 1928.

Disease or Defect.	Referred for treatment	Number treated.	Results of treatment.			Number not treated, or no report.	Percentage treated.
			Remedied.	Improved.	Unchanged		
Minor Ailments ...	588	475	324	94	57	113	81
Visual Defects (including Squint) ...	1128	906*	883	0	23	159	86
Defects of Nose and Throat ...	1432	956	668	157	131	476	67
Dental Defects ...	264	141	53	84	4	123	53
Malnutrition ...	247	211	15	137	59	36	85
Defective Hearing ...	80	67	41	15	11	13	84
Defective Speech ...	14	8	2	2	4	6	57
Enlarged Cervical Glands (Non-T.B.)...	42	34	14	16	4	8	81
Heart Disease—							
Organic ...	94	59	18	8	33	35	63
Functional ...	11	7	0	7	0	4	64
Anæmia ...	261	187	48	92	47	74	72
Lung Disease (Non- T.B.) ...	47	40	15	20	5	7	85
Tuberculosis—							
Pulmonary—							
Definite ...	22	22	0	15	7	0	100
Suspected ...	14	14	0	10	4	0	100
Non-Pulmonary ...	11	9	3	3	3	2	82
Disease of Nervous System ...	51	43	12	20	11	8	84
Deformities ...	658	392	24	263	105	266	60
Goitre ...	202	137	6	46	85	65	68
Other ...	269	190	69	73	48	79	71

*In addition 63 children attended and were examined but no treatment was necessary.

TABLE VI.

Summary relating to Children Medically Inspected at the Routine
Inspections during the Year 1929.

(1) The total number of children medically inspected at the routine inspections	14,291	Percentage Prevalence.
(2) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	1,449	10.1
(3) The number of children in (1) suffering from:—		
Malnutrition	1,177	8.2
Skin Disease	106	0.7
Defective Vision (including Squint)	3,098	32.1
Eye Disease	239	1.7
Defective Hearing	140	1.3
Ear Disease	266	1.9
NOSE AND THROAT DISEASE—		
Tonsils—Slightly Enlarged	2,319	16.2
Considerably „	622	4.4
Adenoids—Slight	690	4.8
Marked	75	0.5
Other Conditions	552	3.9
	4,258	29.8
Enlarged Cervical Glands (Non-Tubercular)	1,989	13.9
DEFECTIVE SPEECH—		
Stammer, etc.	98	0.7
Educational defects	135	0.9
	233	1.6
Dental Disease	9,540	66.8
HEART DISEASE—		
Organic	115	0.8
Functional	52	0.4
	167	1.2
Anæmia	404	2.8
LUNG DISEASE (Non-Tubercular)—		
Bronchitis	174	1.2
Other Diseases	41	0.3
	215	1.5
TUBERCULOSIS—		
Pulmonary—Definite	33	0.2
Suspected	76	0.5
	109	0.8
Non-Pulmonary	34	0.2
Disease of the Nervous System	143	1.0
Rickets	509	3.6
Deformities	972	6.8
Goitre	290	2.0
Other Defects and Diseases	530	3.7

TABLE VII.

TOTAL 1929 INSPECTIONS.

SEPARATE DISTRICTS.

District.	Elder Children (12 & over).		8—9		3—8		Other Routine Inspections.		Children specially presented				Total.	Approximate Number Children in Average Attendance.	Percentage of Average Attendance Inspected.	Percentage of Routine Inspected 1929.	Medical Inspector.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	9—11½		Re-inspections.						
									Boys.	Girls.	Boys.	Girls.					
Axbridge	227	190	305	277	294	312	76	53	90	90	440	366	2,720	5,338	51.0	32.5	Dr. Hibbert, Dr. Walker, Dr. Halliday
Bath	72	54	94	61	93	102	16	9	72	78	260	208	1,119	1,656	67.6	30.3	Dr. Heslop.
Bridgwater	108	99	137	135	153	159	24	25	46	41	158	177	1,262	2,196	57.5	38.3	Dr. Hibbert
Chard	130	150	172	185	176	200	27	22	40	42	325	306	1,775	2,576	68.9	41.2	Dr. Brooks
Clutton	207	255	261	295	289	252	59	55	70	104	639	570	3,056	4,127	74.0	40.5	Dr. Lister
Dulverton	24	30	34	27	36	33	10	10	20	24	69	71	388	496	78.2	41.1	Dr. Parker
Frome	121	99	157	137	197	146	31	32	88	107	418	312	1,845	2,712	68.0	33.9	Dr. Heslop,
Keynsham	35	44	57	47	72	66	46	31	30	36	129	109	702	968	72.5	41.1	Dr. Heslop,
Langport	96	67	102	111	101	110	21	26	31	24	169	163	1,021	1,516	67.3	41.8	Dr. Brooks
Long Ashton	127	151	175	157	218	183	49	46	48	37	199	194	1,584	2,949	53.7	37.5	Dr. Hibbert, Dr. Halliday
Shepton Mallet	79	70	92	104	117	85	30	18	31	32	167	186	1,011	1,624	62.3	36.6	Dr. Hibbert, Dr. Brooks
Taunton	88	78	136	129	145	108	19	27	67	57	255	223	1,332	1,860	71.6	39.2	Dr. Parker
Wellington	82	90	91	105	97	80	10	10	74	70	235	202	1,146	1,512	75.8	37.4	Dr. Parker
Wells	129	92	174	181	183	195	35	22	42	40	185	202	1,480	2,683	55.2	37.7	Dr. Hibbert
Williton	92	99	142	139	128	133	32	33	66	88	287	236	1,475	2,001	73.7	39.9	Dr. Parker
Wincanton	70	83	119	91	97	121	28	24	39	29	182	190	1,073	1,860	57.7	34.0	Dr. Brooks
Yeovil	118	110	157	159	165	128	22	28	57	61	238	256	1,499	1,844	81.3	48.1	Dr. Brooks
Totals	1,805	1,761	2,405	2,340	2,561	2,413	535	471	911	960	4,355	3,971	24,488	37,918	64.8	37.7	

